

Uniform Application for Arkansas Individual Resident License

(Please Print or Type)

① Soc. Security Number		② If applicable, NASD Individual Central Registration Depository (CRD) Number	
③ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
④ Last Name JR./SR. etc		⑤ First Name	⑥ Middle Name
⑦ Date of Birth (month) ____ (day) ____ (year) ____			
⑧ Residence/Home Address (Physical Street)		⑨ P.O. Box	⑩ City
⑪ State		⑫ Zip or Foreign Country	
⑬ Home Phone Number () -	⑭ Gender (Circle One) Male Female	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)	
⑯ Business Name			
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City
⑳ State		㉑ Zip or Foreign Country	
㉒ Business Phone Number () -	㉓ Business Fax Number () -	㉔ Business E-Mail Address	㉕ Business Web Site Address
㉖ Applicant's Mailing Address		㉗ P.O. Box	㉘ City
㉙ State		㉚ Zip or Foreign Country	
㉛ Assumed Business Name/Trade Name (Commissions cannot be paid to this name unless it is licensed with Ark. Ins. Dept)			

Agency or Business Entity Affiliations

㉜ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

Employment History

㉝ Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
Name _____ City _____ State _____					
Name _____ City _____ State _____					
Name _____ City _____ State _____					
Name _____ City _____ State _____					
Name _____ City _____ State _____					
Name _____ City _____ State _____					
Name _____ City _____ State _____					
Name _____ City _____ State _____					

Department Use Only:	Date received _____	Funds Received _____	Ch # RS # _____
Date Processed _____ Other _____			
ASI RECEIVED DATED _____ Date Passed _____ EXAM PASSED _____			
AID-LI-RP(9-01)			

<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; line-height: 20px; margin: 0 auto;">64</div>	AGENT	BROKER	PRODUCER	LIMITED LINES PRODUCER	CONSULTANT (Application must be Submitted to Insurance Department)
	Lines of Authority: Life, *Health, **Multi-line, ***Personal Lines <i>Exams and Pre-license Education is required for All lines with *, ** or ***.</i> <i>*Health Includes Accident, Sickness, & Disability</i>	Lines of Authority: Life, *Health, **Multi-line ***Personal Lines <i>** Multi-line Includes Property, Casualty Surety and Marine</i>	Lines of Authority: Life,* Health, **Multi-line, ***Personal Lines <i>***Personal Lines Includes Property and Casualty personal lines Only.</i>	Lines of Authority: Funeral Expense, + Credit Insurance, Crop/Hail, Travel, Fixed Annuities, Variable Annuities, Motor Club, Pre-paid Legal Mortgage Decreasing Term; Mobil Home Auto Physical Damage <i>+ Credit includes Credit Life, Credit Disability, and Credit Property</i> <i>License Exam is required for the following Limited lines: Fixed Annuity, Mobil Home, and Crop/Hail, but no pre-license education is required. No pre-license education or continuing education is required for other limited lines.</i>	Lines of Authority: Life,*Health, **Multi-line, ***Personal Lines <i>Qualifications for Variable Annuities License is passing NASD Series 6 or 7 exams.</i>

34 a.	List the type of License your are requesting: (list only one license type) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
34b.	List the Lines of Authority you are requesting: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
34c.	Have you ever or are you currently licensed as an agent, producer, consultant or broker in Arkansas? If yes list the dates and the type of license _____	Yes	No
34d.	Have you ever or are you currently licensed as an agent, producer, Consultant, broker or adjuster in another state? If yes then list the dates and the type of license _____ If yes to 34d then attach letter of clearance from other state.	Yes	No

55 The Applicant must read the following very carefully and answer every question:

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

36 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Notary

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SUBSCRIBED AND SWORN TO BEFORE ME THIS

____ DAY OF _____, _____

(SEAL)

NOTARY PUBLIC

COMMISSION EXPIRES